

ENTER ALL DATA IN THIS ORDER:

PLACES: Sharon, Windsor, Vt.

[illegible]

PHYSICAL EXAMINATION OF DRIVERS

Date _____

Name (Please Print) DUKE (Last) Earl (First) Lawrence (Middle)

Present Address 325 East 5th North (Number) (Street) Heber (City) Utah (State)

528-48-9543 Birth June 25, 1939 (Soc. Sec. Acct. No.) (Month, Day, Year) Heber, Utah (Place) Age 24

HEALTH HISTORY

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Head or spinal injuries (severe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Syphilis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Convulsions (fits, epilepsy)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gonorrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Suffering from incurable disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Encephalitis (sleeping sickness)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Permanent defect as result of disease or accident
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ever confined as chronic invalid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach ulcer			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rheumatic fever			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma			

Other illnesses or injuries none

PHYSICAL EXAMINATION

General Appearance and Development: Good Fair Poor

Height 5' 7" Weight 160#

Head: (Without glasses) Eyes: For distance: Right 20/20 Left 20/20

(With glasses if worn) none wear Evidence of disease or injury: Right none Left none

Color Vision partial Horizontal field of vision: Right 90 ° Left 90 °

Ears: Hearing, 20 ft. Right ear 20 /20 Left ear 20 /20

Disease or injury none

Mouth neg Throat neg

Thorax: Heart normal rate & rhythm

If organic disease is present, is it fully compensated? normal

Blood pressure (sitting): Systolic 130 Diastolic 80

Pulse: Before exercise 68 Two minutes' rest after exercise 100 → 72

Lungs: clear

Abdomen: Scars none Abnormal masses none Tenderness neg

Hernia: Yes No If so, where? none Is truss worn? no

Genito-Urinary: Scars none Urethral discharge none

Reflexes: Rhomberg normal reaction

Pupillary normal Light R ok L ok Accommodation R ok L ok

Knee Jerks: Right: Normal Increased Absent

Left: Normal Increased Absent

Extremities: Upper normal

Lower normal

Spine

Laboratory findings: Urine: Spec. Gr. 1.021 Alb. Neg Sugar Neg

Blood serology drawn 3-20-64

Chest X-ray negative

3-20-64
(Date)

P. Raymond Green MD
Examining Doctor

198 So. Main
Address
Heber Utah

DOCTOR'S CERTIFICATE

This is to certify that I have this day examined Earl Duke in accordance with S191.2, and the physical examination procedure prescribed by the Motor Carrier Safety Regulations, Revision of 1952 of the Interstate Commerce Commission, and that I find him

Qualified only when wearing glasses ☐

Qualified under said rules ☒

I have kept on file in my office a completed examination form for this person.

3-20-64
(Date)

Heber Utah
(Place)

P. Raymond Green MD
(Signature of Examining Doctor)

Signature of driver Earl L. Duke

Address of Doctor Heber 325 E. 5th N. Heber, U

Address of driver Utah

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To indicate that a child is an ancestor of the person submitting the sheet, place an "X" behind the number pertaining to that child.

HUSBAND

Earl Lawrence DUKE

Born

Place

Chr.

Place

Marr.

Place

Died

Place

Bur.

Place

HUSBAND'S FATHER

Alma H DUKE

HUSBAND'S MOTHER

Carol

HUSBAND'S OTHER WIVES

WIFE

Connie LEAVITT

Born

Place

Kamas, Summit, Utah

Chr.

Place

Died

Place

Bur.

Place

WIFE'S FATHER

WIFE'S MOTHER

WIFE'S OTHER HUSBANDS

SEX

M

F

CHILDREN

List each child (whether living or dead) in order of birth

Given Names

SURNAME

WHEN BORN

DAY

MONTH

YEAR

WHERE BORN

TOWN

COUNTY

STATE OR COUNTRY

DATE OF FIRST MARRIAGE

TO WHOM

DAY

WHEN DIED

MONTH

YEAR

1

2

3

4

5

6

7

8

9

10

11

Earl L Duke graduated from Univ. of Utah 7 June 1968

" " " interned @ Brooke General Hosp. - San Antonio Texas

" " " Residency in OB-Gyn at

Husband

Earl Lawrence DUKE

Wife

Connie LEAVITT

Ward Examiners:

1.

2.

Stake or Mission

NAME & ADDRESS OF PERSON SUBMITTING SHEET

RELATION OF ABOVE TO HUSBAND

RELATION OF ABOVE TO WIFE

FOUR GENERATION SHEETS FOR FILING ONLY

YES

NO

DATE SUBMITTED TO GENEALOGICAL SOCIETY

LDS ORDINANCE DATA

BAPTIZED (Date)

ENDOWED (Date)

SEALED (Date and Temple) WIFE TO HUSBAND

HUSBAND

WIFE

SEALED (Date and Temple) CHILDREN TO PARENTS

SOURCES OF INFORMATION

OTHER MARRIAGES

NECESSARY EXPLANATIONS

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